

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED

JAN 31 2011

Secretary of State
Capitol Office
DATE STAMP

Name of Candidate Kenneth Wayne JonesAddress 214 North West St Canton 39046Telephone 601 859-5108 Fax 601 859-7818Contact Name Bobby Jones Email knexcomm@aol.comOffice Sought Senate District 21 Political Party Democratic
☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 2,515 + \$ 3,425	\$ 5,940	\$ 5,940
Total amount of disbursements	\$ 1,234 + \$ 900 = \$ 2,134	\$ 2,134	\$ 2,134
Total amount of cash on hand		\$ 3,806	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Kenneth Wayne Jones
Reporting period Jan 1, 2010 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Atmos Energy PAC</u>		<u>10/15/10</u>	\$ <u>500</u>
Mailing Address _____		__/__/__	\$
City, State, Zip Code _____		__/__/__	\$
Name of Employer (Required) _____		__/__/__	\$
Occupation (Required) _____		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Bail Agents</u>		<u>12/23/10</u>	\$ <u>500</u>
Mailing Address _____		__/__/__	\$
City, State, Zip Code _____		__/__/__	\$
Name of Employer (Required) _____		__/__/__	\$
Occupation (Required) _____		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hutcherson Enterprises</u>		<u>9/30/10</u>	\$ <u>500</u>
Mailing Address _____		__/__/__	\$
City, State, Zip Code _____		__/__/__	\$
Name of Employer (Required) _____		__/__/__	\$
Occupation (Required) _____		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>IMS Engineers</u>		<u>11/4/10</u>	\$ <u>350</u>
Mailing Address _____		__/__/__	\$
City, State, Zip Code _____		__/__/__	\$
Name of Employer (Required) _____		__/__/__	\$
Occupation (Required) _____		Aggregate year-to-date	\$

Name of Candidate or Committee Kenneth Wayne Jones
 Reporting period Jan 1, 2010 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abbott Labs</u>	<u>11/4/10</u>	\$ <u>325</u>
Mailing Address _____	<u> / / </u>	\$
City, State, Zip Code _____	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MIPA</u>	<u>11/15/10</u>	\$ <u>500</u>
Mailing Address <u>4209 Lakeland Dr</u>	<u> / / </u>	\$
City, State, Zip Code <u>Flowood MS 39232</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MPC PAC</u>	<u>10/14/10</u>	\$ <u>250</u>
Mailing Address <u>2992 W. Beach Blvd</u>	<u> / / </u>	\$
City, State, Zip Code <u>P.O. Box 4079 Gulfport</u>	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name _____	<u> / / </u>	\$
Mailing Address _____	<u> / / </u>	\$
City, State, Zip Code _____	<u> / / </u>	\$
Name of Employer (Required) _____	<u> / / </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$

Name of Candidate or Committee Kenneth Wayne Jones Page 1 of 1
 Reporting period Jan 1, 2010 through Dec 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	<u>Suits for Professionals</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>12/31/10</u>	\$ <u>302.81</u>
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	<u>Uniforms</u>	Aggregate Year-to-date	\$
B. Full name	<u>State Farm Insurance</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>11/05/10</u>	\$ <u>201.88</u>
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	<u>Campaign Vehicle</u>	Aggregate Year-to-date	\$
C. Full name	<u>Golf Tournament</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>10/19/10</u>	\$ <u>260.00</u>
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
D. Full name	<u>ATM Withdrawal</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>10/27/10</u>	\$ <u>260.00</u>
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name	<u>ATM Withdrawal</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>11/15/10</u>	\$ <u>200.00</u>
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$